



**ENVIRONMENTAL & PUBLIC PROTECTION CABINET
OFFICE OF HOUSING, BUILDINGS & CONSTRUCTION
MANUFACTURED HOUSING SECTION
101 SEA HERO ROAD
FRANKFORT, KY 40601-5405
PHONE: (502) 573-0382
FAX: (502) 573-1004**

Dear Sir,

Please complete the enclosed Manufactured Home Consumer Complaint Report form and return it to this office so we may process your complaint.

This information is required by the office, dealer and manufacturer to adequately determine if your claim or request falls within our scope of jurisdiction.

Should you have any questions concerning this form or require further clarification, please contact this office at the above number.

Enclosure (2)

PROCESS OF CONSUMER COMPLAINTS

1. WE ACCEPT COMPLAINTS FORM ANY SOURCE:
CONSUMER, ATTY. GENERAL'S OFFICE, RETAILER,
MANUFACTURER, ETC.
2. UPON REQUEST WE MAIL OR FAX A CONSUMER'S
COMPLAINT FORM TO THE HOMEOWNER.
3. UPON RETURN OF THE COMPLAINT, A SUB PART I
LETTER IS FABRICATED. A COPY OF THE COMPLAINT
AND LETTER ARE MAILED TO ALL PARTIES
INVOLVED: CONSUMER, RETAILER AND
MANUFACTURER.
4. AFTER TWENTY WORKING DAYS, AND UPON
REQUEST OF ANY OF THE PARTIES, AN INSPECTION
REQUEST IS FORWARDED TO THE INSPECTOR FOR
THE COUNTY OF RESIDENCE OF THE CONSUMER. HE
WILL CONTACT THE CONSUMER, RETAILER,
CERTIFIED INSTALLER AND MANUFACTURER TO SET
UP A JOINT ON SITE INSPECTION.
5. AN INSPECTION IS ASSIGNED TO THE FIELD
INSPECTOR FOR THAT COUNTY AND HE THEN
ARRANGES A JOINT ON-SITE INSPECTION.





ENVIRONMENTAL & PUBLIC PROTECTION CABINET
Office of Housing, Buildings & Construction
Manufactured Housing Section
101 Sea Hero Road
Frankfort KY 40601-5405
Phone: (502) 573-0382 Fax: (502) 573-1004

CONSUMER COMPLAINT FORM

(Please fill out **ALL** pages of this form and return it to the above address)

CONSUMER INFORMATION:

Name: _____
Last First Spouse

Address: _____
Street City State Zip County

Phone: _____ / _____ / _____
(Home) (Cell) (Work)

RETAILER INFORMATION:

Retailer: _____

Address: _____
Street City State Zip

Telephone: _____ Contact/Salesperson: _____

MANUFACTURER INFORMATION:

Manufacturer: _____ Telephone: _____

Address: _____
Street City State Zip

Date of Manufacturer: _____ Plant #: _____ HUD Label #: _____ Serial # _____

Home Size: Single ___ Multi ___ Length ___ Width ___ Date Purchased: ___ Delivered: _____

Purchased: New ___ Used ___ Repo ___ Have you move the home from the original site? _____

CERTIFIED INSTALLER INFORMATION:

Installer: _____

Address: _____
Street City State Zip

Telephone: _____ Certification #: _____ Expiration Date: _____

HOME OWNER'S SIGNATURE: _____ **Date:** _____

Note: All information must be included to process your complaint.
Retailer can provide most of the information needed.

LIST OF DEFICIENCIES

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal grey lines across its entire width, providing a guide for handwriting or typing. The background is a clean, solid white color.